

Traumatic Brain Injury Fact Sheet

“Until recently, few people survived traumatic brain injury (TBI). Now many survive due to advances in emergency and acute medical care, even those individuals who have very severe injuries. While there have been significant strides in addressing the needs of people with traumatic brain injury and their families in the past 10 to 15 years, there are still many disturbing issues that linger.”¹

Facts and Statistics

- Each year, between 400,000 and 500,000 people sustain a TBI.²
- Of these, approximately 70,000 to 90,000 will have moderate-to-severe chronic disabilities, preventing return to a normal lifestyle.³
- Approximately 50 percent of those who sustain a TBI have positive blood alcohol levels at the time of their injury. In addition, there are significantly higher rates of alcohol and other drug-related problems among people with disabilities.⁴
- One study found that in the time after a person experiences a traumatic brain injury, social contacts were reduced, and the primary people who remained in contact with the individual with brain injury were family members, usually mothers.⁵
- Forty-five percent of the respondents with brain injury in a 1989 outcome study cited difficulties with socialization or the inability to find a companion or spouse to be a major problem.⁶
- Public knowledge about and access to community resources related to TBI are often limited. This problem is especially acute for those in lower socio-economic groups and minorities.⁷
- The tendency to view people with brain injuries as people with disabilities instead of people with capabilities fosters warehousing people instead of fostering their growth through use of identified skills and employment.⁸
- Help from the government is often difficult to receive due to lack of consistent location of TBI services within governmental organizations plus the lack of consistent terminology across service providers, and the lack of designated funding.⁹
- Long term care for people with TBI is often unavailable and/or unaffordable. Because the observable external injuries heal, sometimes those with brain injuries appear adequately functional when actually they have cognitive, emotional, and behavioral deficits which will require special services for the rest of their lives.¹⁰

Improving Services¹¹

- Foster public awareness and education. If the public becomes more knowledgeable about the behaviors associated with brain injury, a more accepting and understanding climate can be created within the community.

- Promote advocacy and empowerment. Consumer advocacy includes services which either train or support consumers in presenting their position or needs to others. Empowerment of consumers is a practical approach since they can rely on the daily, consistent help of health care professionals for only a short time.
- Bridge gaps in community services. There is a need for a system of care for those with TBI which allows for easier transition between services, facilitates comprehensive service delivery, and addresses each individual's unique needs.
- Acquire quality housing. Appropriate placement within a community is more cost-efficient than residing in a medical institution. Housing in the community may require supportive services to enable the person with TBI to live independently.
- Encourage economic independence. Most adults with traumatic brain injuries want and need to financially support themselves.

Building State and Community Coalitions¹²

- Coalition building is a process by which “organizations work together in a common effort for a common purpose in order to make effective and efficient use of resources.”
- Benefits of establishing coalitions include:
 - resource coordination
 - improved collaboration between organizations and agencies
 - professional development of staff members' knowledge-base
 - increased credibility and clout of involved organizations
 - improved strategic planning.
- Suggestions for building a successful coalition include the following:
 - Assuring broad-based representation on the coalition is critical for establishing credibility, securing broad-based grassroots support for the activity, and making sure coalition membership is representative.
 - Recruit all manner of individuals, organizations, and networks who have a stake in the issue and are likely to be impacted by it, whether positively or negatively.
 - Determine goals and objectives. Each member must be willing to compromise or modify his or her commitment to specific goals to become compatible with the coalition's goals.
 - Identify and coordinate member resources by conducting a formal survey of what each organization is willing to “bring to the table.”

- Identify on-going activities which will further the coalition's agenda. Areas may include public awareness/media coordination, education, interagency coordination, research, legislation, planning, and resource development.
- Implement on-going activities and procedures for maintaining momentum, such as mechanisms for sending out notices, establishing an executive committee to maintain communication with sub-committees, and reviewing the coalition's mission statement on a regular basis.

References

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- ¹ Betts, H. B. (1994). Community living Issues in traumatic brain injury planning. Midwest Regional Head Injury Center for Rehabilitation and Prevention, The Rehabilitation Institute of Chicago.
- ² Anderson, D. W. & McLauren, R. L. (Eds.). (1980). Report on the national head and spinal cord injury survey. Journal of Neurosurgery, 53. (Suppl).
- ³ Traphajan, J. (1988). Community re-entry. Southborough, MA: National Head Injury Foundation.
- ⁴ Greer, B. G., Roberts, R. & Jenkins, W. M. (1990). Substance abuse among clients with other primary disabilities. Rehabilitation Education, No. 4, 33-40.
- ⁵ Kozloff, R. (1987). Networks of social support and the outcome from severe head injury. Journal of Head Trauma Rehabilitation, 2, (3), 14-23.
- ⁶ Rappaport, M., Herrero-Backe, C., Rappaport, M. L. & Winterfield, K. M. (1989). Head injury outcome up to ten years later. Archives of Physical Medicine, 70, 885-892.
- ⁷ See footnote 1.
- ⁸ See footnote 1.
- ⁹ See footnote 1.
- ¹⁰ See footnote 1.
- ¹¹ See footnote 1.
- ¹² *Building State and Community Mental Health and Aging Coalitions*, The National Coalition on Mental Health and Aging, 1994.